DO NOT WRITE VS 300 Rev. 47.59 VS 300 Rev. 47.59 D 26.69 C 10.10 C 1	DEPARTMENT OF PUBLIC HEALTH AND WELFARENCE												3/ 2 STATE FILE NUMBER					
1. FARE OF DETAIL COUNTY COLS COUNTY	DO NOT WRITE		AME	NDED	1	Reg	<u></u>		nary Regi	istration Dis	trict No. SO	Registrar's	No. 2	ه کې				
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HOSPITAL OR ADDRESS R. R. # 3	Rev. 4/59						b. CITY (If outside cor		SHIP only	y) Le	ngth of stay in 1b	II C. C.IIT	<u> </u>		готе		Inside Limits	
HOSPITAL OR ADDRESS R. R. # 3							TAMAN			ľ		OR TOWN	T 00		<i>~</i>	••	Yes □ No □	
*** ADDRESS R. R. # 3 Yes No No No No No No No N	10269	₹			1		c. FULL NAME OF (IF N	NOT in hospital, give loca	norii	-	Inside Limits	d. STREET	PELLE	rson (If out		MO -		
3 4 / 1 5 2			!				INICALALITICALI				Yes:□ No □	ADDRESS	R. R	# 3	 1	·	1	
SAUCIER SAUCIER DEATH SERPT 1 1963 SEX	20260	- [2	Ц_	L.	↓				sp1		- x	<u>u</u>			<u>, </u>	<u>-</u>		
5. SEX 6. COLOR OR RACE Widewed Never Married Struck Diversed June 28, 1888 75 100. SUMA OCCUPATION (Give kind of work done) 101. SUMA OCCUPATION (Give kind of work done) 102. SUMA OCCUPATION (Give kind of work done) 103. NATIBETS NAME 103. NATIBETS NAME 104. SOCIAL SECURITY NO. 105. KIND OF BUSINESS OR INDUSTRY 11. BIRTHRACE (CIV) end state or country 112. Claim of Widewed Muring most of working life, even if retired) 113. NATIBETS NAME 113. NATIBETS NAME 113. NAME OF BUSINESS OR INDUSTRY 115. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. CAUSE OF DEATH (Enter only one cause per line) 117. WAS DECEASED EVER IN U.S. ARMED FORCES? 118. SOCIAL SECURITY NO. 119. WAS DECEASED EVER IN U.S. ARMED FORCES? 119. WAS DECEASED EVER IN U.S. ARMED FORCES? 110. OF WINDOWN MAS CAUSED BY: 110. OF WINDOWN MAS CAUSED BY: 111. SIRTHRAMA CAUSED BY: 112. OF WINDOWN MAS CAUSED BY: 113. OF WINDOWN MAS CAUSED BY: 114. SOCIAL SECURITY NO. 115. CAUSE OF DEATH (Enter only one cause per line) 116. CAUSE OF DEATH (Enter only one cause per line) 117. INFORMANT 118. SOCIAL SECURITY NO. 119. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20s. DESCRIBE HOW INJURY OCCURRED, (Enter neture of Injury in PART II of Item 18.) 119. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20s. DESCRIBE HOW INJURY OCCURRED, (Enter neture of Injury in PART II of Item 18.) 119. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20s. DESCRIBE HOW INJURY OCCURRED, (Enter neture of Injury in PART II of Item 18.) 119. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20s. DESCRIBE HOW INJURY OCCURRED, (Enter neture of Injury in PART II of Item 18.) 119. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20s. DESCRIBE HOW INJURY OCCURRED, (Enter neture of Injury in PART II of Item 18.) 119. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20s. DESCRIBE HOW INJURY OCCURRED, (Enter neture of Injury in PART II of Item 18.) 119. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20s. DESCRIBE HOW INJURY OCCURRED, (Enter neture of Injury in PART II of Item 18.) 119. ACCIDENT SUICIDE ACCIDENT SUICIDE ACCIDENT SUICIDE AC	3							First		Midd			4. DA	TE F	Month	Day	Year	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 10. O O O O O O O O O O O O O O O O O O O	⁷ 0	Ĭ			1 1	13a.	FAIREKS NAME	•				ıe		_		_		
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Conditions, if any, which gave rise to above cause (e), stating the underlying cause last. Due to (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 death occurred at the pregnancy in last 90 death occurred at the pregnancy and present of the pre		윷	:		×			IMMEDIATE CAUSE (a	<u>ت</u>	01	of So	mare	m				m	
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20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, location with the last saw her alive on location with the causes stated. 21. Lattended the deceased from local 22 / 96 3, to slope 1/4 / 96 3 and last saw her alive on location with the causes stated. 22a. SIGNATURE 22a. SIGNATURE 22a. SIGNATURE 22a. SIGNATURE 22b. ADDRESS 22b. ADDRESS 22c. DATE SIGNATURE 22c. DATE SIGN	∠ ġ	₹				` <u>Q</u>						•						
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MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Student Embalmer No. working under my personal supervision. Student Signature of Student Embalmer Licensed EmbalmenNo. 45 >

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply

with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact, should be so stated above.

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